

INFORMATIONAL LETTER NO. 2051-MC-FFS

DATE: October 16, 2019

TO: Iowa Medicaid Hospitals, Physicians, Advanced Registered Nurse Practitioners, Clinics, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Nursing Facilities (NF), Skilled Nursing Facilities (SNF), Intermediate Care Facilities/Intellectual Disabilities (ICF/ID) and Managed Care Organizations (MCOs)

Applies To: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Level of Care (LOC) Process-Clarification

EFFECTIVE: Immediately

****This letter replaces Informational Letter 1674-MC-FFS ****

The IA Health Link managed care program began on April 1, 2016, with a focus on the provision of services and quality of care in Long Term Care programs. This letter is intended to clarify the submission of LOC Certification for members in a long-term care facility.

As required by federal regulation, facilities must conduct a comprehensive, accurate, standardized, reproducible assessment of each resident's functional ability to determine the appropriate LOC. The results of the assessment are used to develop, review, and revise the resident's comprehensive plan of care, potentially resulting in discharge.

The IME Quality Improvement Organization (QIO) Unit completes the initial admission LOC determination for Medicaid members, regardless if enrolled in MC or FFS. Facilities should submit the completed [Level of Care Certification for Facility¹](#) form (470-4393), to the IME QIO Unit by uploading using Iowa Medicaid Portal Access (IMPA), fax to (515) 725-1349 or email to imeltc@dhs.state.ia.us.

An initial admission LOC determination is needed when:

- A Medicaid recipient, both FFS or MCO enrolled, enters a facility for short-term or long-term care,
- A FFS Iowa Health and Wellness Plan enrollee who is admitted to a nursing facility for skilled level of care up to 120 days,
- An individual who has lost Medicaid eligibility for more than ninety days for reasons other than hospitalization,
- A person who was admitted to a long-term care facility as private pay or Medicare, and then later makes application for Medicaid.

¹ <https://dhs.iowa.gov/sites/default/files/470-4393.pdf?090320192040>

Providers must submit medication and diagnoses lists with the LOC Certification form. The LOC form should be completed to its entirety and accurately reflect the member's care needs.

Continued Stay Reviews (CSRs) for medical approval are the responsibility of the member's MCO, unless the member is FFS. The IME QIO Unit completes FFS CSRs. The purpose of a CSR is to determine if the resident continues to need the facility care. LOC reassessments are to be completed when the member's functional or medical status has changed in a way that may affect LOC eligibility.

Any changes to the LOC determined at the time of the CSR for MCO enrolled members will be forwarded by the MCO to the IME Medical Services Unit for review.

The IME appreciates your continued partnership as we work to improve the processing of LOC for long-term care facilities. If you have questions related to the LOC for long-term care facilities, please contact the IME Provider Services Unit at 1-800-338-7909 or by email at imeproviderservices@dhs.state.ia.us.